

Minnesota Department of Labor and Industry  
Construction Codes and Licensing Division  
Licensing / Residential  
PO Box 64217  
St. Paul, MN 55164-0217

E-mail: [DLI.BusinessLicense@state.mn.us](mailto:DLI.BusinessLicense@state.mn.us)  
Web Site: [www.dli.mn.gov/ccld.asp](http://www.dli.mn.gov/ccld.asp)  
Phone: (651) 284-5034



CC0195

## Residential Building Contractor / Residential Remodeler License Renewal

### License Fees:

If Gross Annual Receipts are less than \$1 million	\$690.00
If Gross Annual Receipts are \$1 million to \$5 million	\$790.00
If Gross Annual Receipts are greater than \$5 million	\$890.00

MAKE CHECK OR MONEY ORDER PAYABLE TO:  
MINNESOTA DEPARTMENT OF LABOR & INDUSTRY

### LICENSE FEES ARE NONREFUNDABLE

Depositing of license fee does not constitute  
granting of the license applied for.

PRINT IN INK OR TYPE  
MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS

### SPACE IN BOX FOR OFFICE USE ONLY

Account Numbers	STK
License 632422	License B42RCLIC
Recovery 632425	Recovery B42RCRECV
Check Number	Amount Paid
<input type="checkbox"/> PCK <input type="checkbox"/> CCK <input type="checkbox"/> MO	DLI Deposit Date
<b>NOTICE:</b> Pursuant to Minnesota Statute § 604.113, checks returned for nonpayment will be charged a \$30 service charge and may subject the issuer to additional civil penalties.	

**DID YOUR LEGAL BUSINESS STRUCTURE CHANGE? If YES, you must submit a new application.**

LICENSE NUMBER	FEDERAL TAX ID (FEIN)	STATE TAX ID
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LEGAL BUSINESS NAME OF CONTRACTOR (Individual name only if no company name used)

DBA NAME (Doing business as name / assumed name – if applicable)

BUSINESS PHONE NUMBER (public)	OTHER TELEPHONE NUMBER	E-MAIL ADDRESS
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PHYSICAL BUSINESS ADDRESS (PO Box Not acceptable)	CITY	STATE	ZIP CODE	ONLINE
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BUSINESS MAILING ADDRESS (PO Box is acceptable) (if applicable)	CITY	STATE	ZIP CODE	ONLINE
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DESIGNATED QUALIFYING PERSON (QB, QM, QR, QI)			
REGISTRATION NUMBER	LEGAL LAST NAME (including suffix)	FIRST NAME	MI

### THIS RENEWAL MUST BE SUBMITTED ALONG WITH ALL OF THESE REQUIRED DOCUMENTS

- ☐ **LICENSE FEE** – \$690.00 if gross annual receipts are less than \$1 million; \$790.00 if gross annual receipts are \$1 million to \$5 million; or \$890.00 if gross annual receipts are greater than \$5 million.
- ☐ **Secretary of State Business Registration Verification** – Except for Individuals and partnerships doing business under their own true full legal first and last name(s), all businesses and assumed names (DBA) must be registered with the Office of the Secretary of State. Please visit MN SOS <http://mblsportal.sos.state.mn.us/> to verify registration.
- ☐ **Certificate of Insurance** – The Certificate of Insurance MUST BE COMPLETED BY THE INSURANCE AGENT and SUBMITTED WITH THIS RENEWAL. The ACORD 25 (2010/05) certificate of insurance is acceptable otherwise your insurance agent may complete the DLI Certificate of Insurance available at <http://www.dli.mn.gov/CCLD/FormsCert.asp>
- ☐ **Workers' Compensation Certificate of Compliance** – The Certificate of Compliance with Minnesota Workers' Compensation Laws MUST BE COMPLETED AND SUBMITTED with this renewal. Pursuant to Minn. Stat. § 176.215, Subd. 1, you may be required to have workers' compensation insurance coverage. Questions about who is required to have workers' compensation insurance coverage may be answered at 651-284-5032. This form can be found at <http://www.dli.mn.gov/CCLD/FormsWC.asp>
- ☐ **Designated Qualifying Person Form** – The Designated Qualifying Person Form MUST BE COMPLETED AND SUBMITTED with this renewal.

APPLICANT SIGNATURE	TITLE	DATE
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This material can be made available in different formats, such as large print, Braille or on audio. To request an alternative format, please call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

**Certificate of Compliance  
Minnesota Workers'  
Compensation Law**



CC0515

**THIS FORM MUST BE COMPLETED AND SIGNED  
BY ALL BUSINESS TYPES**

**PRINT IN INK or TYPE.**

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA ("doing business as" or also known as an assumed name) (if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP
COUNTY	E-MAIL ADDRESS		

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE  
FOLLOWING INFORMATION. *You must complete number 1 or 2 below.***

**NUMBER 1 – Workers' compensation insurance policy information**

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

**NUMBER 2 – Reason for exemption from workers' compensation insurance**

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032:

- ☐ I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- ☐ I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- ☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

☐ Other: \_\_\_\_\_

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.



CC0517

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## Designated Qualifying Person Form

☐ Change of Qualifying Person

☐ Residential Builder

☐ Residential Remodeler

☐ Residential Roofer

☐ Manufactured Home Installer

The information you as an individual provide in this form will be used by Department of Labor & Industry staff members to determine if you meet the Department's registration requirements. The information is being requested for purposes of processing your application. You are not legally required to supply the requested data on this form; however, failure to provide the requested information may delay the processing of your application or result in the denial of the same. Except for your name and designated address, the information you provide on this form is private data while the application is pending. Disclosure of this information to others may occur as authorized or required by law, including but not limited to the Attorney General's Office, the Department of Revenue, the Department of Human Services, upon court order, and/or for the purpose of verification and investigation. Once you are registered, the information you provide, other than your non-designated address, becomes public data and may be released to anyone upon request.

### QUALIFYING PERSON INFORMATION

REGISTRATION NUMBER (QB, QM, QR, QI)	EXPIRATION DATE (MM/DD/YYYY)	DAYTIME PHONE NO	E-MAIL ADDRESS
FULL LEGAL LAST NAME (including suffix)		FULL LEGAL FIRST NAME	MI

### CONTRACTOR LICENSE INFORMATION

LEGAL BUSINESS NAME

LEGAL ASSUMED NAME (DBA) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
CONTRACTOR LICENSE NUMBER	BUSINESS TELEPHONE NUMBER		

Are you the qualifying person for more than one business entity? ☐ Yes ☐ No

If you have checked "Yes" above, you must disclose below the company for which you are the qualifying person.

LEGAL BUSINESS NAME	LICENSE NUMBER
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To be a qualifying person for two corporations, one of the following must exist (check that which applies):

- ☐ There is a common ownership of both corporations amounting to at least 25% by any one owner, officer, partner or member.  
☐ One corporation is subsidiary to another corporation. "Subsidiary" means 25% ownership by the parent corporation.

This is to verify that I am the designated qualifying person for the contractor named above pursuant to M.S. § 326B.805 and, as such, I have fulfilled the examination requirements; and shall fulfill the continuing education requirements on behalf of the licensed contractor; and shall notify the department 15 days in advance of resigning as the qualifying person with said contractor or immediately upon termination by the contractor.

I further verify that, if I am not identified as an owner, partner, officer, or member of the contractor named above, I am a managing employee as required in M.S. § 326B.805, Subd. 4 who is regularly employed by the licensee and is actively engaged in the business of residential contracting or residential remodeling on behalf of the licensee.

I understand and accept that the Department of Labor and Industry under M.S. § 326B.082 may revoke, suspend or limit this license if I knowingly and willfully made a false statement in this application or otherwise violate the provisions of M.S. § 326B.801 to 326B.89, all rules adopted under these sections, as well as all orders issued under M.S. § 326B.082.

SIGNATURE OF QUALIFYING PERSON (mandatory)	DATE
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